ALLEN BOYD

SECOND DISTRICT, FLORIDA

COMMITTEE: APPROPRIATIONS

SUBCOMMITTEES:

AGRICULTURE AND RELATED AGENCIES

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MILITARY CONSTRUCTION, VETERANS AFFAIRS AND RELATED AGENCIES

> COMMITTEE: BUDGET

## Congress of the United States

## House of Representatives

Washington, DC 20515

WASHINGTON OFFICE: 1227 LONGWORTH HOUSE OFFICE BUILDING WASHINGTON, DC 20515 (202) 225-5235

DISTRICT OFFICES:

LAKESIDE BUILDING, SUITE 103 1650 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317 (850) 561–3979

30 West Government Street, Room 203 PANAMA CITY, FL 32401 (850) 785-0812

THE PRIVACY ACT OF 1974 REQUIRES THAT WRITTEN CONSENT BE OBTAINED FROM THE CONSTITUENT BEFORE INFORMATION CAN BE DISCLOSED FROM THE RECORDS OF A GOVERNMENT AGENCY. SO THAT I MAY ACT ON YOUR BEHALF, I WOULD APPRECIATE YOUR COMPLETING THIS FORM AND RETURNING IT TO MY OFFICE. (If you are inquiring on behalf of someone else, it is necessary for THAT PERSON to sign this release.)

PLEASE PRINT

NAME		MARKA MIPER MATERIA SAMON MATERIA A LA CALLA DE LA CAL	
MAILING ADDRESS			
POST OFFICE BOX OR STREET ADDR	ESS	CITY	ZIPCODE
PHONE			N. C.
HOME	WORK		CELL
EMAIL ADDRESS			
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
MILITARY SERVICE BRANCH SERVICE NUMBER	FROM:	FROM: TO: DATES OF SERVICE	
VA CLAIM NUMBER	<del></del>		
ALIEN NUMBER	RECEIPT NUMBER	_	
YOUR SIGNATURE IS REQUIRED I	FOR YOUR CAS	E TO BE PROCES	SSED
I HEREBY REQUEST THE ASSISTANCE OF THE OFFICE OF COI DESCRIBED ABOVE. I AUTHORIZE CONGRESSMAN BOYD AND REQUEST FOR ASSISTANCE.			
SIGNATURE		DATE	
I ALSO AUTHORIZE CONGRESSMAN BOYD TO RELEASE MY IN	FORMATION TO THE	FOLLOWING INDIVI	DUAL(S):
NAME	***************************************	RELATIONSHIP	
IF YOU HAVE A CURRENT CLAIM WITH SOCIAL SECURITY ☐ INITIAL ☐ RECONSIDERATION			IS <b>NOW:</b> ☐ APPEALS COU

RETURN TO: CONGRESSMAN ALLEN BOYD, 1650 SUMMIT LAKE DRIVE, SUITE 103, TALLAHASSEE, FL 32317 OFFICE: 850-561-3979 FAX: 850-681-2902